

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09967321</div>	FILING DATE					
							APPLICANT(S)						
<div style="font-size: 1.5em; font-family: cursive;">107806</div> <b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2				1			52						
3		2		1			53						
4		0		1			54						
5		0					55						
6		0					56						
7		0					57						
8		0		4			58						
9		0		4			59						
10		0		4			60						
11		0		4			61						
12		0		4			62						
13		0		4			63						
14		0		4			64						
15		0					65						
16				1			66						
17				1			67						
18				4			68						
19				4			69						
20				1			70						
21				2			71						
22				2			72						
23				1			73						
24				1			74						
25				4			75						
26				4			76						
27				1			77						
28							78						
29							79						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	0	1	0			TOTAL IND.		0		0		0
TOTAL DEP.	15		57				TOTAL DEP.						
TOTAL CLAIMS	16		58				TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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